

## TRAVEL EXPENSE CLAIM

STD 262 (REV 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME William S. Haraf		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Department of Financial Institutions	
POSITION Commissioner	CB/ID NUMBER	DIVISION OR BUREAU Executive Division			INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 45 Fremont Street, Suite 1700			TELEPHONE NUMBER (415) 263-8507
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94105

1) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)	TRANSPORTATION				(8)	(9)
March 09		LOCATION	LODGING	BREAK-FAST	LUNCH	O.T.,L/T., N/C,RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME	WHERE EXPENSES WERE INCURRED									MILES	AMOUNTS		
		Transit Subsidy						65.00						65.00
3/3	0700	Mill Valley/Sacramento			10.00	18.00			RC/P	17.00				45.00
3/4	1930	Sacramento/Mill Valley	162.93	6.00	10.00	18.00	6.00		RC				25.00	227.93
3/5	1500	San Francisco/Palo Alto				18.00		6.00	Toll/PC		30	16.50		40.50
3/6	1900	SFO/San Diego and return	155.09	6.00	10.00	18.00	6.00		P/ PC	18.00	60	33.00		246.09
3/12	500	Mill Valley/OAK/Los Angeles		6.00				52.00	Taxi/PC		36	19.80		77.80
	1700	Oakland Airport/San Francisco							P	16.00				16.00
3/12	1900	San Francisco FDIC/Mill Valley				18.00		60.95	Taxi/ Toll	12.00	36	19.80		110.75
3/16	1200	San Francisco/Monterey/Mill Valley						5.00	Toll/RC				29.94	34.94
3/18		Mill Valley/Sacramento and return							RC				24.95	24.95
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														888.96

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS 730 - 1800			
March Transit: "I CERTIFY THAT NO RECEIPT IS AVAILABLE. AMOUNT CLAIMED IS AS PER DPA RULE 599.625 or 599.625.1".										(13) PRIVATE VEHICLE LICENSE No.			
March 3 - Sacramento: Meeting w/ Legislators										(14) MILEAGE RATE CLAIMED			
March 4 - Sacramento: Commissioner Haraf's Confirmation Hearing										.55			
(8 Business Expense: Gas for rental car - \$25)										Agency Accounting Office			
March 5 - Palo Alto: Stanford Law School meeting "The Role of Corporate Governance										Use Only			
March 6 - San Diego: Speaker for California Chamber of Commerce Board Grand Del Mar													
(Airfare paid by Department)													
March 12 - Los Angeles: DFI Quarterly All Staff Meeting (Airfare paid by Department)													
March 12 - San Francisco: FDIC reception and Team meeting													
March 16 - Monterey: Speaker for the Big Valley Educational Conference (Credit Unions)													
(8 Business Expense: Gas for rental car - \$29.94)													
March 18 - Sacramento: Senate BFI Informational Hearing at the State Capitol													
(8 Business Expense: Gas for rental car - \$24.95)													

15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.													
CLAIMANT'S SIGNATURE 				DATE 04/03/09		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 				DATE 4/13/09			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)													



**Statement On Reverse Side**

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CLAIM TOTAL

80.20

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 22-25 - Washington DC: CSBS Bankers Advisory Board, SRR Board of Directors Meeting  
(Additional cost paid out of pocket for United Airfare: \$80.20)

F- 11  
D-53

(12) NORMAL WORK HOURS

730 - 1800

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED

.55

Agency Accounting Office

Use Only

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

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CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

04/03/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)

DATE \_\_\_\_\_